

BOARD OF GOVERNORS

PERFORMANCE REPORT – 4 MONTHS TO JULY 2009

Report of the Director of Information Systems & Analysis and the Head of Performance Intelligence

1. Introduction

This paper sets out the performance position for the period ending 31 July 2009.

2. Executive Summary of Performance Position to 31 July 2009

<u>2. Performance against priority targets</u>	2009/10 Target	FYtD Performance Apr – July 09	Risk / Commentary
2.1 4 hour maximum wait in A&E (incl. partnered Cambs MIU activity)	98%	98.5%	Low. Though attendances are 5% up on last year. Action plan in place to sustain performance.
2.2 18 weeks from GP referral to hospital treatment - admitted patients	90%	92.7%	Medium. Pressures still exist following the backlog created through norovirus outbreaks.
2.3 18 weeks from GP referral to hospital treatment - non-admitted patients	95%	96.9%	Low
2.4 Cancer 2week wait from urgent referral to first seen - NEW methodology	93%	90.6%	High. Action plan developed to address.
2.5 Cancer 31day wait for first treatment from diagnosis - NEW methodology	96%	95.6% (to Jun 09)	High Action plan developed to address.
2.6 Cancer 31day wait for subsequent treatment - NEW commitment (excluding Radiotherapy until Dec 2010)	Drug 98% Surgery 94%	99.6% (to Jun 09) 92.2% (to Jun 09)	Medium. Action plan developed to address.
2.7 Cancer 62day wait for first treatment from urgent referral - NEW commitment (includes screening and consultant upgrades)	Standard 85% Screening 90%	82.9% (to Jun 09) 91.5% (to Jun 09)	Medium. Action plan developed to address.
2.8 Reduction in MRSA bacteraemias	24	10 (2 above trajectory of 8)	High. Detailed action plan ongoing and reviewed monthly.
2.9 Clostridium difficile infection in the 2 and over age group	240	43 (37 under trajectory of 80)	Low. Detailed action plan ongoing and reviewed monthly.
2.10 Thrombolysis - 60 minute call to needle time	68%	100%	Low. But monthly fluctuations arise due to small numbers.
2.11 Cancelled operations and patients not re-booked within 28 days of an operation cancelled	0	2 patients not re-booked within 28 days; and 228 (0.96%) cancelled operations	High. Cancellations are up compared to the same period last year.

<u>2. Performance against priority targets – cont.</u>	2009/10 Target	FYtD Performance Apr – July 09	Risk / Commentary
2.12 Delayed transfers of care	< 08/09 Nat Ave	4.18%	High. Up on 08/09 levels.
2.13 Access to GUM clinic within 48 hours	100%	100.0%	Low
2.14 % of outpatients waiting 13 weeks or more at the end of each month	0%	0.93%	High. Continuing breaches in the clinical genetics service.
2.15 % of inpatients waiting 26 weeks or more at the end of each month	0%	0.00%	Low
<u>2. Performance against productivity measures</u>	2009/10 Target	Rolling year Performance - 12 months end July 09	Risk / Commentary
2.16 Overall Non-Elective Spell Length of Stay (LoS) - days	4.9	5.8	Medium
2.17 Overall Elective Spell LoS - days	3.2	3.9	High. Significantly adverse to trajectory.
2.18 Day Case rate	77.0%	75.0%	Medium
2.19 Day of Surgery Admission (DOSA) rate	73.4%	66.2%	Medium
2.20 Day Case Basket rate	74.9%	70.5%	Medium
2.21 New outpatient did not attend (DNA) rate	na	6.1%	Medium

3. Performance for the period ending 31 July 2009

This report relates to performance against key targets and productivity measures. The summary given above outlines a number of areas of higher risk. Actions being taken to address these areas are as follows:

- [Ref 2.4 to 2.7] Cancer targets – specific targets for the new Cancer methodologies and commitments have now been published. We are below the targets set for a majority of the new 2 week, 31 day and 62 day waits over the quarter. Performance during June was more encouraging with all but one of the targets being met. Emphasis will be on sustaining this improvement going forwards. Root cause analysis has been undertaken for all breaches, and associated meetings to review and discuss will take place. An action plan has been developed to address the themes from the analysis.
- [Ref 2.8] There were 3 MRSA bacteraemias in July, 10 this financial year to date. This is 2 cases adverse to our trajectory and, although small numbers, represents a risk in meeting the 09/10 year target. 4 out of the 10 cases were pre-48 hour infections; but we have not excluded such cases as part of our target negotiated with NHS Cambridgeshire and instead encourages joint-working across the local health community. The overall action plan remains live and is updated accordingly. More details are provided in the separate Infection Control agenda item.
- [Ref 2.11] 228 patients (0.96% of elective activity) have been cancelled on or after the day of admission for surgery this financial year to date, and is adverse to 156 patients (0.7%) last year. Cancellation breakdown by reason: 113 – no operating time available, 53 – by consultant, 31 – bed shortage, 19 – medical shortage, 10 ITU bed shortage, and 2 by ward. Operational managers are reviewing year to date cancellations, and weekly cancelled operations reports to ensure that correct reasons are being captured and that clinical cancellations are being excluded. 30% of cancelled operations are in Neurosurgery, and the service is reconfiguring their operating schedules to allow for more emergency capacity. As half of all cancellations are due to no operating time being available, the current performance has been presented to theatre team leaders who are looking to work more closely with booking staff scheduling theatre lists.

- [Ref 2.12] Our delayed discharges as a proportion of admitted patients have risen significantly compared to last year (4.2% vs. 1.7%). This is primarily due to the way they are being counted locally since April 2009. Actions to address include:
 - Close working relationships with Cambridge Discharge and Out of Counties teams continue with monitoring through the Validation meeting. Monthly 'Delays themes' start shortly in Sep 2009 to investigate issues identified on weekly log (includes Directors of Operations and Community operations managers).
 - Liaison with the PCT to soon introduce a new model of Rehabilitation provision across Cambridge from the end Sep 2009. Referral process being configured to meet needs of patients and services.
 - Interface Group looking at roles and responsibilities across the community and hospital, with the potential for clearer and improved communication. Headline recommendations to be made at the end of Aug 2009.
 - Proactive management of internal delays via the bed stock and discharge target setting for clinical areas, along with setting standards that can be variance tracked. This includes increased emphasis on the setting of estimated dates of discharges (EDDs). 'The Perfect Discharge' mapped out by a working party.
 - Increased levels of Education and Training across all wards and re-launch of Resource Folders to continue.
 - Working with RealTime to make the whole system electronic and patient status clearly visible at any point in time to all involved with the patient's discharge. This is due to be rolled-out in Oct 2009.
- [Ref 2.14] Performance against the outpatient maximum 13 week wait is below target – this is due to continuing breaches in Clinical Genetics. The Trust has proceeded at a financial risk to support increased capacity to accommodate the backlog of patients. At the end of July 2009 11 breaches were reported, and it is anticipated that there will be no breaches come the end of August. Continued additional capacity will be required to maintain waiting times thereafter, and reduce waiting times for tertiary referrals.
- [Ref 2.17] The overall elective spell LOS for the 12 months ending July 2009 is 3.9 days, and is significantly adverse to trajectory to meet the 2011 target. But the Effective Patient Care (EPC) programme has delivered 47 cumulative beds against the 2008 baseline for the annualised financial year to date. A programme of key actions is in place to deliver target bed reductions. Divisions will be completing their delivery plans based on the new benchmark and target by the end of September 2009. Divisions continue to report on their progress at Divisional meetings with the Executive Directors. Weekly discharge targets have been allocated to each ward to drive performance improvement at ward level. Actions are in place to increase the use of the discharge lounge to free beds earlier in the day.

4. Recommendation

The Board is asked to note the Trust's performance position for the period ending 31 July 2009 and the actions being taken to address areas of risk.